

10/19/06
Final-Tribal

EPA REGION 10
UNDERGROUND STORAGE TANK
INSPECTION FORM A

Significant Compliance:

RD Upgrade
Y N Y N

Facility# 4260087 Passed Inspection Y N
Inspection Date 4-11-2007 Time 1:00pm GPS reading _____
Lead Inspector Jim Greeves Others Mike Hyles
Facility Reps Tom Jo Jo Kyong
Tribal Reps: _____ (* Credentials Presented)
Visual Documentation of Inspection: ☐ 35mm pictures ☐ Video ☐ Digital ☐ Other
Facility Drainage (FD) questionnaire: ☐ Completed ☐ Not Completed ☐ Not Applicable
Enforcement Actions Taken Onsite: FNNC # _____ FC # _____ For \$ _____

Verbal Warning for 40 CFR 280. _____ SBA Info Sheet Given? Y N

Enforcement Action Delayed for (Reason): _____

Facility Information

Location Name Smith's Corners / Spirit
Owner RH Smith Dist. Operator "Tom" Jo Kyong
Address (Loc/Owner/Op) 102 E Toppenish Ave
City Toppenish State WA Zip 98948 Phone _____
Address (Loc/Owner/Op) _____
City _____ State _____ Zip _____ Phone _____

Tank #	1	2	3	4	5	6
	1	2	3			
<input checked="" type="checkbox"/> MEETS FINANCIAL RESPONSIBILITY REQUIREMENTS						
<input checked="" type="checkbox"/> All (tanks covered) or (check which tanks are covered)						
Type: <input checked="" type="checkbox"/> Ins <input type="checkbox"/> Self <input type="checkbox"/> PSTF <input type="checkbox"/> Ltr Credit <input type="checkbox"/> Sdbdy Trust <input type="checkbox"/> LG Bond Rating Test <input type="checkbox"/> LG Fin Test <input type="checkbox"/> Other _____						
Issuing Entity: <u>Zurich</u> Dates Coverage <u>2-15-07 to 08</u> In EPA Format? Y N						

TANK STATUS

Manifolded (M) or Compartmented (C) Tank?	1	2	3	4	5	6
Status (circle): <u>C</u> TOU POU <input type="checkbox"/> All or	<u>TOU</u>	<u>C</u>	<u>TOU</u>			
Date installed: <u>1974</u> <input checked="" type="checkbox"/> All or						
Tank cap (gal): <input type="checkbox"/> All or	<u>8k</u>	<u>6k</u>	<u>4k</u>			
Substance in Tank: <input type="checkbox"/> All or	<u>UNL</u>	<u>UNL</u>	<u>DSL</u>			
Tank Material: BS <u>CPS</u> COM FRP DW ExL Lin <input checked="" type="checkbox"/> All or						
Verified Tank by: Visual Invoice Warranty Picture <input type="checkbox"/> All or						
Emergency Generator Tank(s)? <input checked="" type="checkbox"/> NA <input type="checkbox"/> All or						
Piping Material: GS <u>CPS</u> FRP FlexP DW SecC <input checked="" type="checkbox"/> All or	<u>✓</u>	<u>✓</u>	<u>✓</u>			
Verified Pipe by: <u>Visual</u> Invoice Warranty Picture <input type="checkbox"/> All or						
Piping Type: Grav <u>Pres</u> SafeS U.S.S <input type="checkbox"/> All or	<u>✓</u>	<u>✓</u>	<u>✓</u>			
Date last used: <input type="checkbox"/> All or						
Closure Status: Removed In-Place Chg-in-Svc <input type="checkbox"/> All or						

SITE SKETCH

Tank #	1	2	3	4	5	6
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RELEASE DETECTION-TANKS

<input checked="" type="checkbox"/> Primary Release Detection Method Present for all tanks & meets specific performance standards as in 280.43 ?	<input type="checkbox"/> NA					
<input type="checkbox"/> Manual Tank Gauging (MTG) <input type="checkbox"/> Primary Method <input type="checkbox"/> All or						
<input checked="" type="checkbox"/> Tank Tightness Testing (TTT) <input type="checkbox"/> Primary Method <input type="checkbox"/> All or	9/6/06	12/22/06	TOU			
Last TTT date? _____ Passed? Y N						
<input checked="" type="checkbox"/> Inventory Control (IC) <input checked="" type="checkbox"/> Primary Method <input type="checkbox"/> All or		✓				
<input type="checkbox"/> Vapor Monitoring (VM) <input type="checkbox"/> Primary Method <input type="checkbox"/> All or						
Site Assessment? Y N <input type="checkbox"/> All or						
<input type="checkbox"/> Ground Water Mon. (GWM) <input type="checkbox"/> Primary Method <input type="checkbox"/> All or						
Site Assessment? (ie: 3'<gw<20') Y N <input type="checkbox"/> All or						
<input type="checkbox"/> Automatic Tank Gauge (ATG) <input type="checkbox"/> Primary Method <input type="checkbox"/> All or						
<input type="checkbox"/> Interstitial Monitoring (IM) <input type="checkbox"/> Primary Method <input type="checkbox"/> All or						
<input type="checkbox"/> SIR <input type="checkbox"/> Primary Method <input type="checkbox"/> All or						
<input type="checkbox"/> Deferred (Emergency Generators ONLY) <input type="checkbox"/> All or						
<input type="checkbox"/> TOU Systems Comply with Release Detection? <input type="checkbox"/> NA						

RELEASE DETECTION-PIPING (RD)

<input type="checkbox"/> Primary RD method(s) present for ALL piping & meets specific performance standards as stated in 280.44?	<input type="checkbox"/> NA					
<input checked="" type="checkbox"/> ALLD(s) Pressurized Systems Only- Required <input checked="" type="checkbox"/> All or	9/6/06	12/24/06	TOU			
Date test: _____ <input type="checkbox"/> ELLD or <input checked="" type="checkbox"/> MLLD						
<input checked="" type="checkbox"/> LTT(s) Date test _____ <input type="checkbox"/> Primary Method <input type="checkbox"/> All or	9/6/06	12/24/06	TOU			
Monthly Monitoring Method: <input type="checkbox"/> Primary Method <input type="checkbox"/> All or VM GWM IM SIR Sump Sensor Other _____						
<input type="checkbox"/> Deferred (Emergency Generators ONLY) <input type="checkbox"/> All or						

RELEASE DETECTION COMPLIANCE/RECORDS

<input type="checkbox"/> Release Detection System - Operating Properly? <input type="checkbox"/> NA						
<input type="checkbox"/> Release Detection System Meets Performance Standards of SOC Matrix "Worksheet"? <input type="checkbox"/> NA						
<input type="checkbox"/> In Compliance with EPA 3 rd Party Evaluation? <input checked="" type="checkbox"/> NA						
<input type="checkbox"/> If Required (5 year Record Limit), Has 3 rd Party? <input checked="" type="checkbox"/> NA						
<input checked="" type="checkbox"/> Are there monthly monitoring records for Tanks/Piping for 2 most Recent Months and 8 of the last 12 months (or LTT where required) <input type="checkbox"/> NA						
Monthly monitoring records Reviewed = <u>4</u> months, of last 12: Tanks (months) PASSED: _____ FAILED: _____ INVALID: _____ Piping (months) PASSED: _____ FAILED: _____ INVALID: _____						
<input type="checkbox"/> ALL Non-Passing Results Resolved? <input type="checkbox"/> NA						
<input type="checkbox"/> If not resolved, was the implementing agency notified of a suspected release? Y <input type="checkbox"/> N <input type="checkbox"/> No release suspected <input type="checkbox"/> <input type="checkbox"/> NA						
<input type="checkbox"/> Hazardous Substance USTs-Secondarily Contained? <input checked="" type="checkbox"/> NA						
ATG/IM/SIR Equipment Manufacturer/Vendor: _____ Model: _____						
(Optional) ALLD Equipment Manufacturer: _____ Model: _____						

TANK #

1

2

3

4

5

6

RELEASE PREVENTION

☒ CP Met on ALL Tank(s) and Piping, including metal flex connectors, swing joints, etc. (see Release Prevention Measures Matrix, IV. "Tank and Piping Corrosion Protection" checklist)

☒ Any repairs to CP (including Lining) tanks or piping and have they been Tightness Tested within 30 days (not required if internal inspection or monthly monitoring completed)? ☐ NA

TANK LINING

☒ Tank Lining Inspected and In Compliance? ☐ NA

Date of Lining: 4/98

Date of PASSING Internal Inspection: ☐ All or

CATHODIC PROTECTION

☒ Cathodic Protection: ☒ Tanks ☒ Piping ☐ All or

☒ Impressed Current System ☐ All or

Installation Date: _____ Set at _____ amps

☒ Last 3 (60 Day) rectifier inspection Records? ☐ NA

System On? ☒ Y ☐ N Observed amperage of 0.4 amps

☐ Sacrificial Anode System ☐ All or

☒ Date of Last Test: 6/04 Passed ☐ All or

Covers: ☐ Tanks/Piping ☐ Tanks ☐ Piping

☒ Date of Previous Test: 2001 Passed ☐ All or

Covers: ☐ Tanks/Piping ☐ Tanks ☐ Piping

☐ CP Performing Adequately- Based on Testing Results - ☐ NA

☐ Any Repairs are being Conducted or Completed? ☐ NA

☐ 6 mo. CP test After Installation or Repair COMPLETED? ☐ NA

SPILL & OVERFILL PREVENTION

☒ Spill Prevention Devices Present and Functional? ☐ NA

☒ Overfill Prevention Devices Present and Operational for Each Tank? (specify, below) ☐ NA

☐ Ball Float Valve Operational ☐ All or

☒ Flow Restrictor (Auto Shut off) Operational ☐ All or

☐ Automatic Alarm (for Delivery Driver) Operational ☐ All or

☐ Spill / Overfill NOT Req'd (transfer \leq 25 gallons) ☐ All or

Inspector's Signature

Jim Greaves

Date: 4-11-07

Notes:

Year	Month	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5	Tank #6
	1- January						
	2- February						
	3- March						
	4- April						
	5- May						
	6- June						
	7- July						
	8- August						
	9- September						
	10- October						
	11- November						
	12- December						
P = Pass F = Fail							

Notes: